

ALABAMA LIQUEFIED PETROLEUM GAS BOARD

MONTGOMERY, ALABAMA
(334) 242-5649

CERTIFICATE OF INSURANCE

Name of Insurance Company _____

The Company has bound coverage or issued policies in the name of _____
(Name of Assured)

d/b/a _____

(Street and Number) (City or Town) (State) Zip + 4

effective as of the dates and for the periods specified below and subject to all provisions and limitations of such policies whether shown by endorsement or otherwise.

KIND OF INSURANCE	POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	LIMITS OF LIABILITY	
Comprehensive General Liability-Bodily Injury & Property Damage Combined Aggregate Products				\$100,000	each occurrence
				\$100,000	aggregate
Comprehensive Auto-mobile Liability Bodily Injury Comprehensive Auto-mobile Liability Property Damage				\$50,000 each person	\$100,000 each accident \$100,000 each acc.

General description of work _____

Location of work _____

If the above described policies are cancelled or not renewed at the request of the company, the company will give **30 days** advance notice, by mail to the Alabama Liquefied Petroleum Gas Board.

If the above described policies are materially changed so as to restrict or reduce the amounts of insurance as stated above to change the name of the assured, the company will notify, by mail to the Alabama LP-Gas Board, P.O. Box 1742, Montgomery, AL 36102-1742.

This certificate is issued for information only and confers no right upon the holder.

Wherever requested by the Board, the company agrees to furnish the Board a duplicate original of said policy and all endorsements thereon.

DATED THIS _____ DAY OF _____ 20 _____

ISSUED TO **ALABAMA LIQUEFIED PETROLEUM GAS BOARD**
P.O. BOX 1742 MONTGOMERY, ALABAMA 36102-1742

By _____
(Authorized Representative of Insurance Company)

(Authorized Representatives Address)

(Phone Number)